

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of
DAVID MELAMED, M.D.,

Plaintiff,

Case Number:
08 CV 1745

vs.

JOHN T. GIRARDI, M.D. and MEDICAL SPECIALISTS,
LTD.,

Defendants.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

JOHN T. GIRARDI, M.D. and MEDICAL SPECIALISTS, LTD.

NAME (Type or print) Stacey L. Smiricky	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Stacey L. Smiricky	
FIRM Wildman, Harrold, Allen & Dixon LLP	
STREET ADDRESS 225 West Wacker Drive, Suite 3000	
CITY/STATE/ZIP Chicago, Illinois 60606	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6278472	TELEPHONE NUMBER (312) 201-2502
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	

CERTIFICATE OF SERVICE

I hereby certify that on May 12, 2008, I electronically filed the foregoing document with the Clerk of Court using the CM/ECF system which will send notification of such filing to the following:

Joel D'Alba
Asher, Gittler, Greenfield & D'Alba, Ltd.
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/s/ Stacey L. Smiricky